



IDOC Job Shadow Application

Indiana Department of Corrections

Name: _____

Employee ID#: _____

Phone: _____

E-Mail Address: _____

Position: _____

Facility: _____

Position You Wish To Shadow: _____

Preferred Location: _____

ADULT SERVICES

☐ Branchville Correctional Facility
☐ Chain O'Lakes Correctional Facility
☐ Correctional Industrial Facility
☐ Edinburgh Correctional Facility
☐ Henryville Correctional Facility
☐ Indiana State Prison
☐ Indiana State Prison Outside
☐ Indiana Women's Prison
☐ Indianapolis Men's Community Re-Entry Center
☐ Indianapolis Re-Entry Education Facility
☐ Indianapolis Women's Community Re-Entry Center
☐ Madison Correctional Facility

☐ Miami Correctional Facility
☐ Pendleton Correctional Facility
☐ Plainfield Correctional Facility
☐ Putnamville Correctional Facility
☐ Reception-Diagnostic Center
☐ Rockville Correctional Facility
☐ South Bend Community Re-Entry Center
☐ S.T.O.P. Correctional Facility (Short-Term Offender Program)
☐ Wabash Valley Correctional Facility
☐ Westville Control Unit
☐ Westville Correctional Facility
☐ Other _____

JUVENILE SERVICES

☐ Camp Summit
☐ Logansport Juvenile Correctional Facility
☐ Madison Juvenile Correctional Facility

☐ Northeast Juvenile Correctional Facility
☐ Pendleton Juvenile Correctional Facility
☐ South Bend Juvenile Correctional Facility
☐ Other _____

AREAS OF INTEREST

___ Adult Supervision

___ Juvenile Supervision

___ Case Management

___ Sex Offender Supervision

___ Classification

___ Substance Abuse

___ Intake

___ Transportation

___ Internal Affairs

___ Other _____

Would you prefer to shadow for 7.5 or 37.5 hours? _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

PPCC Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____